United Nations E/ICEF/2006/P/L.19

Economic and Social Council

Distr.: Limited
12 April 2006

Original: English

For action

United Nations Children's Fund
Executive Board
Annual session 2006
5-9 June 2006
Item 11 of the provisional agenda*

Draft country programme document**

Iraq

Summary

The draft country programme document for Iraq is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of $8,436,000 from regular resources, subject to the availability of funds, and $300,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2007 to 2010.

* E/ICEF/2005/10.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8/Rev.1), the present document will be revised and posted on the UNICEF website in October 2006, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2007.

06-30904 (E) 050506

[illegible]
Child population (millions, under 18 years)	[illegible]
U5MR (per 1,000 live births)	[illegible]
Underweight (%, moderate and severe, 2006)	[illegible]
Maternal mortality ratio (per 100,000 live births, 1989-1999)	[illegible]
Primary school attendance (% net, male/female, 2000)	[illegible]
Primary schoolchildren reaching grade 5 (%, 2000)	[illegible]
Use of improved drinking water sources (%, 2002)	[illegible]
Adult HIV prevalence rate (%, end 2003)	[illegible]
Child work (%, 5-14 years old)	[illegible]
GNI per capita (US$)	[illegible]
One-year-olds immunized against DPT3 (%)	[illegible]
One-year-olds immunized against measles (%)	[illegible]

[illegible] More comprehensive country data on children and women are available at www.unicef.org.

[illegible] Range ($826 to $3,255).

The situation of children and women

1. Most Iraqis look to the future with optimism, although they are ever mindful of the dramatic transition they are enduring. The country has seen significant political changes: the first direct parliamentary elections in 50 years, the election of a Transitional National Assembly, the formation of a new Government and the drafting of a national constitution, which was accepted in a popular referendum in October 2005. The second parliamentary elections were held in mid-December 2005 for what should be the first four-year term of a constitutionally-elected national administration. However, socio-economic conditions have deteriorated, with unabated violence, pervasive insecurity and the collapse of law and order. Many children and women have been affected, notably those killed as part of the estimated 30,000 civilian casualties reported since the 2003 war. Economically, Iraq should be much better off. Despite their country's oil wealth, Iraqis remain burdened with debt (estimated by the International Monetary Fund at $121 billion), poverty and unemployment. A 2003 survey revealed that only 44 per cent of Iraqis aged 15 years and older were economically active, with a striking gender imbalance (14 per cent females and 74 per cent males).

2. Between 1989 and 2003, the infant mortality rate (IMR) and under-five mortality rate (U5MR) in south/central Iraq increased from 47 to 102 per 1,000 live births and from 56 to 125 per 1,000 live births, respectively. In the three northern governorates, however, IMR and U5MR declined over the same period, from 64 to 50 per 1,000 live births, and from 80 to 72 per 1,000 live births, respectively. The 2004 Iraq Living Conditions Survey (ILCS) reported much lower mortality data, but these are contested by the Ministry of Health. The major reported causes of child deaths were diarrhoeal diseases and acute respiratory infections (ARI), exacerbated by undernutrition and low birth weight. The ILCS showed the highest incidence of diarrhoea among infants, with inadequate feeding practices and the widespread use of infant formula as contributing factors. The ILCS also found high rates of ARI, particularly in urban areas and among infants (20 per cent were affected). The

confirmation of avian influenza in Iraq in 2006 has already triggered a concerted response to contain the disease.

3. In 2005, routine immunization coverage was sustained at around 75 per cent, the country's polio-free status was maintained, and there were dramatic reductions in reported cases of measles (from 9,181 in 2004 to 820 in 2005) and mumps (from 15,132 in 2004 to 2,161 in 2005). A joint World Food Programme (WFP)/UNICEF food security and vulnerability survey (2005) indicated that wasting (9 per cent) and underweight (15 per cent) in children aged 6-59 months had increased since the 2004 ILCS. An earlier WFP survey on food security undertaken in 2003 (excluding three northern governorates) revealed that 11 per cent of households were extremely poor and 43 per cent were poor, and that 36 per cent of children between one and five years living in extremely poor households were chronically malnourished (against a national average of 28 per cent).

4. The maternal mortality ratio (MMR) increased from 117 to 290 per 100,000 live births between 1989 and 2003. Some 24 per cent of maternal deaths occurred during pregnancy and 61 per cent soon after delivery, and nearly two thirds of deliveries took place outside health institutions. Most of the 1,700 public hospitals or health centres are not adequately equipped for essential and emergency obstetric care. Poor birth outcomes result from inadequate referral, maternal anaemia, low birth weight, short intervals between births and early marriage.

5. A 2003-2004 survey indicated that 4.3 million of the country's 4.9 million primary-school-aged children were enrolled in school (56 per cent boys and 44 per cent girls), and that 74 per cent of out-of-school children were girls, 21 per cent of whom had never enrolled. Extrapolating from the survey, 1 million children will fail to complete primary school and 2 million will not enrol in secondary school. Gender gaps, low transition rates from primary to intermediate level, uneven geographic access to schooling (worse in the south/centre) and destruction or deterioration of the educational infrastructure all need to be addressed if Iraq is to meet its Education for All and Millennium Development Goal targets.

6. The ILCS indicated that only 54 per cent of Iraqi households had access to safe water. There are constant interruptions in water supply due to power outages. Some 36 per cent of households do not have adequate toilet facilities. Sewage collection and treatment facilities are severely limited in cities and towns; 80 per cent of Baghdad inhabitants have access, but this figure drops to only 9 per cent for the rest of the urban population. Pools of exposed sewage are common sights and 71 per cent of urban respondents report sewerage problems. Half of all waste water is discharged directly into natural waterways. Damaged sewer lines and deteriorated water networks lead to contamination, posing public health and environmental risks.

7. Current laws and institutions are inadequate for the protection and rehabilitation of child victims of violence, abuse and exploitation, and those without primary caregivers. There is insufficient awareness of child protection issues. Sample surveys indicate rising numbers of working children, and of children who are living or working on the streets and who are involved in substance abuse or violence. The breakdown of law and order, the local gang culture, organized crime and the ready availability of weapons are contributing factors. The currently low reported prevalence rate of HIV is expected to rise and the need for more data to support focused interventions, e.g., for the most at-risk adolescents, is urgent. Household poverty has prompted an increase in the number of children abandoning

school and seeking jobs. Many girls and women have been kidnapped and/or raped, resulting in their restricted movement and reluctance of families to send girls to school. Opportunities for children and young people to participate in promoting their own well-being and decision-making are minimal. A 2004 study by the Ministry of Labour and Social Affairs found that anxiety was a major psychosocial concern, the majority of children having been exposed to elements of war. Most parents and guardians are themselves traumatized and unable to provide adequate emotional care for their children. The new constitution does not comprehensively address issues affecting children and women, although it does assure that a minimum 25 per cent of members of Parliament must be women. Advocacy is continuing to address these issues in the 62 legislative acts that will give effect to the constitution.

Key results and lessons learned from previous cooperation, 2005-2006

Key results achieved

8. Adapting to these many challenges, UNICEF developed flexible and innovative operational modalities to be able to operate in and for Iraq, thus ensuring implementation of a substantial programme of assistance. An annual throughput of over $100 million has ensured a high profile for UNICEF with the Government, the United Nations Country Team (UNCT) and other partners, and helped to place children's and women's issues high on the agenda of all partners.

9. UNICEF supported efforts by the Ministry of Health to sustain basic health and nutrition services, notably in immunization, the control of diarrhoeal diseases and ARI, reaching 4.5 million children under five years of age and 1 million pregnant or lactating women and preventing outbreaks of major diseases. The availability and use of oral rehydration salts and essential drugs in primary health care (PHC) were sustained, and capacities for better case management were strengthened. Advocacy continued with the Ministries of Health and of Trade for 100 per cent fortification of wheat flour with iron and folic acid, with UNICEF providing equipment and supporting capacity-building. A national HIV/AIDS strategic plan was formulated.

10. Access to quality education improved. Some 127 schools were rehabilitated, including the construction of additional classrooms to alleviate overcrowding. Essential learning materials were provided to 4.5 million primary-level students. This support sustained children's enrolment, motivation and participation in education. In-service training on child-centred teaching and learning methodologies was initiated by the Ministry of Education with support from UNICEF, benefiting 17,000 primary-school teachers. UNICEF helped the Ministry to further refine the Education Management Information System, thereby providing more timely gender- and geographically-disaggregated data. Effective UNICEF advocacy and capacity-building with senior education officials contributed to greater ownership by the Ministry of an early childhood stimulation and learning (ECSL) initiative, enabling the development and launch of a contemporary, community-based ECSL programme. A pilot accelerated learning programme (ALP) provides an alternative for out-of-school children and adolescents, especially girls. More than 15,000

students to date have been enrolled in the ALP in 10 governorates, with the involvement of 1,000 teachers.

11. Progress in improving water and sanitation services helped to avert outbreaks of water-borne diseases, with 142 completed projects throughout Iraq providing enhanced access to safe water for 2.2 million people and improved sanitation for 500,000 people. A strengthened sanitation infrastructure led to improved neighbourhood environments and reduced pollution entering rivers. UNICEF supplied most of the water treatment chemicals required in 2005 and contributed to the timely response to several humanitarian crises. Increased capacity-building efforts involving the training of 440 staff from the Government and non-governmental organizations (NGOs) on key issues will enhance the sustainability of interventions.

12. Child protection activities promoted the development of a more protective environment for Iraqi children. UNICEF supported pilot projects for de-institutionalization and re-integration that gave a new perspective to the needs of children deprived of caregivers. Government staff were trained and successful child protection models were replicated to support the development of quality community-based protective social systems. Capacity-building for the Ministries of Labour and Social Affairs and of Health culminated in the establishment of a Social Research and Training Centre within the former in 2005. Provision of supplies for vocational training centres and institutions for disabled children broadened the UNICEF response.

13. Emergency preparedness and response have remained priorities, especially as localized humanitarian crises arising from insurgency and counter-insurgency operations required prompt and focused interventions. Applying its Core Commitments for Children in Emergencies (CCCs), UNICEF contributed to collective emergency responses by the Iraqi Government, the UNCT and NGOs, especially in the areas of water and sanitation, health, education and child protection.

14. The midterm review (MTR) of the 2005-2006 country programme, completed in December 2005, confirmed that the programme was on course and that no substantive changes were required. A third Multiple Indicator Cluster Survey that is expected to be completed by mid-2006 will help to verify and update critical data. UNICEF also supported capacity-building in the Ministry of Planning and Development Cooperation and other ministries for designing effective and relevant social development policies.

Lessons learned

15. Since the 2003 war, despite rampant insecurity inside Iraq that has resulted in the absence of international staff and restricted movement of national staff, UNICEF has been able to deliver a substantial country programme through adapted approaches, effectively responding to emergencies and implementing reconstruction and development activities. Innovative procedures for contracting, delivery and monitoring of supplies ensured minimal exposure of staff and safeguarded the integrity of these processes. For example, 125 well-qualified Iraqi experts, monitors and technicians were contracted to support implementation and ensure regular monitoring and feedback. The resulting operational efficiency, coordinated from a

neighbouring country, represents experience relevant to other countries facing similar challenges.

16. The coordinated United Nations programme for Iraq is derived from an agreed United Nations Development Assistance Strategy (UNDAS) that is based on a common needs assessment (which included the World Bank) and is being operationalized through the cluster approach. This approach has enhanced the efficiency and effectiveness of the UNCT and avoided duplication. Increasingly, the larger and more operational agencies have coordinated their work. UNICEF plays a strong leadership role within the UNCT as coordinator of two clusters and deputy coordinator of another. This experience has proven the ability of the UNCT to work effectively, in the context of United Nations reform, without a formalized Common Country Assessment (CCA) and United Nations Development Assistance Framework (UNDAF) and in the face of exceptionally harsh conditions. It also enabled a rapid inter-agency response to avian influenza.

17. Recognizing the potential merit of a convergent, community-based approach to achieve improved local services, even amidst gross insecurity, UNICEF initiated an integrated basic services project in September 2005. The programme focused on communities surrounding 100 schools and was developed jointly with United Nations and other partners through the cluster system. It is already demonstrating the validity of the approach and will be evaluated during late 2006, offering lessons for future programming.

The country programme, 2007-2010

Summary budget table

(In thousands of United States dollars)

Programme	Regular resources	Other resources	Total
Survival, growth and early development	800	15 000	15 800
Quality learning and development	800	105 000	105 800
Water, environmental sanitation and hygiene	800	100 000	100 800
Child protection and participation	436	15 000	15 436
Policy, advocacy, partnerships and communication	2 200	15 000	17 200
Cross-sectoral costs	3 100	30 000	33 100
Total	**8 436**	**300 000**	**308 436**

Preparation process

18. Due to insecurity, the new country programme was prepared mainly from Amman, but with extensive participation of key government partners, other United Nations agencies, the donor community and NGOs. There was interaction with all stakeholders, involving an in-depth review of achievements, constraints, lessons learned and directions for future collaboration. A joint MTR, held in December 2005 with broad participation including colleagues from UNICEF headquarters and the Regional Office, refined several lessons learned and recommended priorities for the next country programme. The draft country programme was presented at a joint

strategy meeting in February. It emphasizes effective convergence of critical inter- and cross-sectoral interventions, strengthening of human rights and community-based approaches to programming, promotion of gender equity and nurturing the capacities of the nascent Iraqi civil society.

19. The country programme takes into account Iraq's situation with regard to the Millennium Declaration and Development Goals and the support that UNICEF can provide to accelerate progress towards their attainment; the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women; the UNICEF medium-term strategic plan and CCCs; and Iraq's National Development Strategy, new constitution and emerging national policies and priorities.

Goal, key results and strategies

20. The overall goal of the country programme is to continue to catalyse the promotion and protection of the rights of Iraqi children and women and to enhance their survival, development, protection and participation.

21. The key results will be: (a) incorporation of the provisions of both the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women in the national constitution and related legislation; (b) increased access and quality of health services, leading to reductions in mortality and malnutrition rates; (c) increased immunization coverage; (d) increased rates of school enrolment, retention and completion and reduced gender disparities, at primary and intermediate levels; (e) improved quality of education and levels of learning; (f) increased access to potable water and safe sanitation and enhancement of personal hygiene practices; (g) rapid and effective responses to emergencies, including natural emergencies such as avian influenza; (h) the development of a protective environment for children and young people, including access to information on HIV/AIDS prevention and management; and (i) provision of more opportunities for the participation of children's and young people in decision-making.

22. The main strategies will be: (a) technical, financial and material support for improved delivery of quality basic services, including some rehabilitation where needed; (b) maintaining security and emergency preparedness and response capacities; (c) focused reduction of gender and geographical disparities, via convergent community-based programming approaches; (d) ensuring gender-responsiveness in all programming; (e) capacity-building for enhancement of national data systems and policy development; (f) advocacy for rights-based, holistic and intersectoral programming for children and women, and for the development of policies, programmes and legal frameworks that promote children's and women's rights; (g) programme communication and media interaction; and (h) advocacy and capacity-building within the UNCT for more integrated programming. In light of the relatively large proportion of other resources planned for the country programme relative to regular resources, the latter will be used strategically for the most critical programme components, including fund-raising for sufficient other resources.

Relationship to national priorities and the UNDAF

23. The country programme will complement national development priorities and support the work of the UNCT within the prevailing security and political environment. Emerging government priorities and policies provide the framework for UNICEF interventions, which will in turn contribute to their further development.

24. The principles for developing a CCA/UNDAF have been applied during the preparation of the joint needs assessment and UNDAS. The previous and current UNICEF country programmes derive from and contribute to the evolution of joint United Nations programming. During the 2007-2010 programme cycle, the programmes and cycles of the United Nations agencies should be progressively harmonized, so that by the expected termination of the United Nations Assistance Mission for Iraq, a joint programme of cooperation will have been established between the United Nations and the Government of Iraq.

Relationship to international priorities

25. The country programme will support Iraq's reconstruction and development, a priority for Iraq, the region and the international community. It will support Iraq's progress towards the Millennium Development Goals — reducing poverty and malnutrition, ensuring enhanced primary and intermediate education, promoting gender equality, reducing child and maternal mortality, combating HIV/AIDS, increasing access to safe water and promoting partnership for children's and women's development. It will articulate the priorities of the UNICEF MTSP, support the realization of an "Iraq Fit for Children" and build partnerships for children's and women's rights.

Programme components

26. The **survival, growth and early development** programme comprises projects on maternal, infant and child survival and health, maternal and child nutrition, HIV/AIDS, early childhood development (ECD), and programme promotion and support. The expected key results include: (a) enhanced health and nutrition services in selected programme areas with increased access and improved quality; (b) enhanced safe motherhood practices in the same areas, including antenatal care and emergency obstetric care, contributing to a reduction in MMR of at least 10 per cent; (c) sustained immunization "plus" coverage of 90 per cent to 80 per cent of districts, linked with control of diarrhoeal diseases and ARI, resulting in at least 10-per-cent reductions in incidence of these diseases and sustained polio-free status; (d) all pregnant women have access to voluntary counselling, care and testing for HIV, 80 per cent of HIV-positive women and children receive anti-retroviral treatment and all young people have access to information on HIV prevention and user-friendly services; (e) strengthened convergence of health and nutrition activities, and improved correlation with other sectoral interventions; (f) expanded interventions to address low birth weight, wasting, stunting and micronutrient deficiencies, reducing these by at least 10 per cent from 2006 levels; (g) increased capacities of the Ministry of Health for policy development and programme management; (h) optimal infant and young child feeding and care practices, including an extended Baby Friendly Hospital Initiative to promote breastfeeding at the community and household levels; (i) strengthened support for more effective

cent of the population; (c) demonstrated effectiveness of the convergent community-based integrated basic services approach, especially involving women and youth; (d) improved management of water and sewerage systems; (e) policy and legislative reforms supporting decentralization; (f) enhanced monitoring of water quality; and (g) improved hygiene practices at the community level through relevant behavioural change.

31. Strategically, the programme will support: (a) rehabilitation, expansion and increased efficiency of water and sanitation infrastructures, and emergency response; (b) rejuvenating systematic operation and maintenance; (c) capacity-building for monitoring of water quality; (d) promoting community-based approaches with the participation of young people and women; (e) enhancing solid waste management at both national and community levels; (f) advocacy for decentralized management, policy development and institutional and legal reforms; (g) public-private partnerships, with equitable tariff setting; and (h) piloting alternative technology. Key partners include the Ministry of Municipalities and Public Works, the Mayoralty of Baghdad, NGOs and CBOs. As coordinator of the UNCT infrastructure rehabilitation cluster, UNICEF will continue to provide leadership for inter-agency collaboration and support donor coordination.

32. The **child protection and participation** programme comprises projects on community-based social services; protective legal reform; child rights monitoring and participation; gender mainstreaming; and programme promotion and support. The expected key results include: (a) social integration of children in need of special protection; (b) strengthened national policies; (c) protective legislative reform, based on international norms; (d) establishment and institutionalization of national and governorate child-rights monitoring mechanisms; (e) reduction in the number of unexploded ordinance incidents; (f) increased number of children receiving school- and community-based psychosocial care; and (g) the impact of violence on children will be minimized.

33. These results will be achieved through policy and programme development; strengthening institutional frameworks and systems; advocacy with key stakeholders; supporting community initiatives; strategic partnerships with civil society; focused service delivery; capacity-building, including exposure of key functionaries to contemporary thinking and practices in other countries; greater engagement of schoolchildren with service providers and caregivers; support to youth groups; and development of peer support and leadership initiatives. Major partners include the Ministries of Labour and Social Affairs, of Youth and Sports, of Women and of the Interior (including the Police), the Child Welfare Commission, the judiciary, the private sector, professional associations, tertiary education institutions and civil society. As a prominent member of the United Nations cluster on governance, UNICEF will promote close partnerships with other United Nations agencies. UNICEF will also engage in the sector working group on the rule of law.

34. The **policy, advocacy, partnerships and communication** programme, which will provide cross-cutting support to the other programmes, comprises projects on social policy analysis and development; monitoring, evaluation and operations research; programme communication; and building partnerships and alliances. The key results will be: (a) the human rights-based approach to programming will be instilled in national planning and programming; (b) an information and knowledge base for routine reporting on children and women's concerns will be developed;

Data issues for social development will be promoted, based on human rights conventions and standards; (d) sustained and accelerated progress towards the Millennium Development Goals, including the leveraging of sufficient resources; (e) enhanced capacities of technical and managerial staff, caregivers and young people to develop communication for behavioural change; and (f) an expanded database for social mobilization.

35. Strategies will include: (a) promoting the incorporation of children's and women's rights in national and sectoral policies and programmes; (b) strengthening capacities in the rights-based approach to programming; (c) supporting operations research for strengthened advocacy and policy dialogue for increased budget allocations; (d) capacity-building at national and subnational levels for the production and dissemination of reliable and timely data, disaggregated by gender, age and governorate, using *DevInfo*; (e) building capacities of PHC workers and community educators; (f) establishing mechanisms for greater community participation, especially via the establishment and expansion of child- and youth-friendly services and enhanced participation of children and young people in decision-making; (g) developing partnerships with religious groups, traditional leaders, teachers, artists and civil society; (h) equipping families and young people with basic knowledge and skills in healthy life-styles; (i) establishing effective linkages with the media; and (j) developing quality and culturally-relevant communication resources. Major partners include the Human Development Department and the Central Organization for Statistics and Information Technology of the Ministry of Planning and Development Cooperation, NGOs, CBOs, donors, the media and other United Nations agencies.

36. **Cross-sectoral costs** will cover staffing, information and communication technology security, warehousing and logistics.

Major partnerships

37. The country programme will be implemented in collaboration with concerned government ministries, other United Nations agencies, the World Bank, donors, NGOs, children and young people and other partners. UNICEF will promote a national partnership for Iraqi children, including national and international media.

Monitoring, evaluation and programme management

38. Monitoring and evaluation will be a joint responsibility of UNICEF and concerned ministries. UNICEF will monitor the progress and results of the country programme through an Integrated Monitoring and Evaluation Plan. Periodic evaluations will be conducted to assess the relevance, effectiveness and sustainability of programme components. Regular progress reviews between UNICEF, line ministries and other partners, as well as annual reviews and the MTR, will improve focus and efficiency. A new Common Needs Assessment, including an analysis of the situation of children and women, will be undertaken in 2008 for the joint MTR that will involve all United Nations agencies, after which a joint country programme should be feasible. While insecurity persists, UNICEF will continue to use contracted services and monitors inside Iraq to conduct field visits, supply assessments (especially during crises) and programme monitoring and feedback. Innovative remote programming modalities will be further strengthened, until

UNICEF national and international staff can revert to their normal functions in Iraq. UNICEF will work closely with the Iraqi Red Crescent Society during crises.

39. The Iraq Support Centre in Amman will oversee three field offices inside Iraq: in Baghdad, to promote policy interaction with national Ministries; in Erbil, to interact with the northern governorates; and in Basrah, to interact with southern governorates. The activities of all offices will be closely coordinated, and wherever possible, pursued via common United Nations premises and services.